enhanced substantially since 98-99. Government has also taken steps to widen the range of contraceptive choice and ensure their availability through free distribution and social marketing mechanisms.

Raisings of educational status of girls and women in general is a recognised priority for the Government. The implementation of the adult literacy programme will also promote awareness of population and family welfare issues.

(c) to (e) In the special Session of the Parliament in August, 1997, the elected representatives of all political parties had an opportunity to participate in a free and indepth discussion of population issues.

A draft National Population Policy seeking to address the problem in its totality is presently under the Government's consideration.

Supply of Sub-standard Unani Medicines

1160. SHRI MUNAVVAR HASAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that highly sub-standard and Fungus infected Unani medicines are being supplied by Win Pharma, Maxo Lab, Himachal Lab, to CGHS Unani dispensaries;

(b) if so, the action taken/being taken against the officers found responsible therefor; and

(c) the steps being taken to prevent procurement and supply of such sub-standard medicines?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) to (c) Some fungus infected medicines were detected. The fungus infected Unani medicines were withdrawn by CGHS and those were replaced with fresh stock of Unani Medicines by the supplying firms.

Besides getting the replacement, explanations were called for in this regard from the firms. It has been assured by them that they will be more careful in future in supplying the medicines to CGHS.

Patients undergoing Dialysis Contracting HIV Virus

1161. SHRIMATI KAMLA SINHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the report about some patients undergoing dialysis in one of the city's premier hospital and contracting HIV virus, due to which one of the patients died recently;

(b) if so, whether Government have made any inquiry into the matter to know the deficiencies into the screening of the blood donors, blood safety standards and whether there is any nexus or clandestine deal between the professional blood donors and the hospitals/blood banks, despite ban on professional blood donation;

(c) if so, what are the details thereof; and

(d) what action has been taken by Government in the matter?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) A report in The Hindustan Times 22nd January, 1999 has appeared in this regard. However, Regional Blood Transfusion Centre, LNJP Hospital, Delhi has stated that the patient did not die due to HIV contaminated blood transfusion.

(b) to (d) Government of NCT of Delhi has made an enquiry into the matter and it has been found that there were no deficiencies in the screening of blood units as each unit is tested for HIV before it is issued for transfusion purposes. The hospital has indicated that

no blood is ever released for transfusion without mandatory testing as per instructions of the Drugs Controller of NCT of Delhi.

Target for Health for All

1162. SHRI P. PRABHAKAR REDDY:
SHRI ANANTA SETHI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government had a proposal to provide health for all by 2000 A.D.

(b) whether the date has now been extended; if so, what is the extended date;

(c) what are the reasons therefor; and

(d) why the health care facilities have not been provided to all as yet, as pointed out in the resolution of Indian Medical Association's Conference at Hyderabad?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Health for All by 2000 A.D.' is the overall aim of the National Health Policy through the universal provision of comprehensive primary health care services.

(b) No, Sir.

(c) Does not arise.

(d) A comprehensive network of rural health infrastructure comprising 1.36.815 sub-centres, 22,962 Primary Health Centres, 2,708 Community Health Centres has been established throughout the country to provide preventive, promotive and curative health care in rural areas.

Public health is a State responsibility under the Constitution but to enable them to fill critical gaps external assistance has been mobilised for implementing the National Programmes for AIDS, Malaria, T.B. Leprosy, Blindness, Reproductive Child Health Programme. Besides, for upgrading the rural hospitals in 6 States World Bank assistance has been availed of which would further improve delivery of health services.

Recognisation of Unani Medical College, Calcutta

1163. SHRI RAMJI LAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any Unani Medical College in Calcutta under the Ministry of Health and Family Welfare; when it was started;

(b) if so, the details thereof and the total strength of students and staff;

(c) whether it is recognised by the Central Council of Indian Medicine (CCIM), New Delhi; and

(d) whether it is affiliated to the State Government or any University?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) to (d) There is no Unani Medical College in Calcutta under the direct control of Ministry of Health and Family Welfare. However, as per the information furnished by Central Council of Indian Medicine, a statutory body responsible for regulating the medical education in the country under the Indian systems of medicines including Unani, has intimated that they had given permission to one Calcutta Unani Medical College, Calcutta to conduct Kamile-e-tib-o-Jarahat course of Unani, with admission capacity of 50 students, in the academic year 1993-94. The College has 1 honorary principle, 8 lecturers and 2 part-time lecturers. The University of Calcutta has given affiliation to this college in the year 1998.